

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

☐☐☐in the
State of☐(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

08

01

2008

through

08

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Gail Clarkson

Signature of Treasurer

Electronically Filed by Ms. Gail Clarkson

Date

09

19

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		112871.46
(b) Cash on Hand at Beginning of Reporting Period	27228.51	
(c) Total Receipts (from Line 19)	28218.00	521115.76
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55446.51	633987.22
7. Total Disbursements (from Line 31)	16916.60	595457.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38529.91	38529.91
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	26405.00	484958.99
(i) Itemized (use Schedule A)	1813.00	31656.77
(ii) Unitemized	28218.00	516615.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	2500.00
(c) Other Political Committees (such as PACs)	28218.00	519115.76
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	28218.00	521115.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28218.00	521115.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1316.60	8513.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1316.60	8513.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15600.00	583150.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	3793.64
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	3793.64
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16916.60	595457.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16916.60	595457.31

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	28218.00	519115.76
34. Total Contribution Refunds (from Line 28(d))	0.00	3793.64
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28218.00	515322.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1316.60	8513.67
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1316.60	8513.67

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steve Ackerson

Mailing Address 6750 Westown Pkwy
Ste 100City State Zip Code
West Des Moines IA 50266-7716FEC ID number of contributing
federal political committee.**C**Name of Employer
Iowa Health Care Assn.Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3970.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	0	8

Transaction ID: C490845

Amount of Each Receipt this Period

270.00

B.

Full Name (Last, First, Middle Initial)

Sean Ballance

Mailing Address 301 East Pine Street
Suite 350City State Zip Code
Orlando FL 32801FEC ID number of contributing
federal political committee.**C**Name of Employer
Risk TransferOccupation
Insurance Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	8

Transaction ID: C489966

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

Elton Beebe, Jr.

Mailing Address 1308 Bruton Springs Road

City State Zip Code
Austin TX 78733FEC ID number of contributing
federal political committee.**C**Name of Employer
Louisiana Extended Care
CentersOccupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	0	8

Transaction ID: C490796

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5720.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William Biggs

Mailing Address 101 Grace Street

City

Easley

State

SC

Zip Code

29640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Managemnet Resourc-
es

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: C491613

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Jim Bircham

Mailing Address 211 1 st Street SE

City

Little Falls

State

MN

Zip Code

56345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eldercare of Minnesota

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: C493623

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Roch Carter

Mailing Address 111 W Michigan St

City

Milwaukee

State

WI

Zip Code

53203-2903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unicare Health Facilities

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 0 8

Transaction ID: C489550

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

3125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kit E. Gamble

Mailing Address PO Box 52389

City

Shreveport

State

LA

Zip Code

71135-2389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gamble Guest Care Corpora-
tion

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: C491728

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Patricia Giorgio

Mailing Address Patricia Giorgio/ Evergreen Estate
3410 12th Avenue SW

City

Cedar Rapids

State

IA

Zip Code

52404-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evergreen Estates

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: C493624

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Howard Groff

Mailing Address 9031 Penn Avenue S

City

Bloomington

State

MN

Zip Code

55431-2225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tealwood Care Centers Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: C468322

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Deborah Heeney

Mailing Address Tennessee Health Care Association
2809 Foster Avenue

City State Zip Code
Nashville TN 37210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Health Care Ass-
ociation

Occupation
Legislative Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: C489960

Amount of Each Receipt this Period

1350.00

B.

Full Name (Last, First, Middle Initial)

Jon Howell

Mailing Address 334 Fountainhead Drive

City State Zip Code
Jefferson GA 30549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Health Care Assoc-
iation

Occupation
State Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 0 8

Transaction ID: C489635

Amount of Each Receipt this Period

1080.00

C.

Full Name (Last, First, Middle Initial)

Richard Kase

Mailing Address 5125 Pine Rocklands Avenue

City State Zip Code
Lithia FL 33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cypress Healthcare

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: C468320

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2930.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Evan Lansing Kolb

Mailing Address 2701 Marye Street

City

Alexandria

State

LA

Zip Code

71301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magnolia Management Corpo-
ration

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: C468321

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Larry Lane

Mailing Address 101 E State St

City

Kennett Square

State

PA

Zip Code

19348-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis

Occupation
Sr VP, Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 8

Transaction ID: C489886

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Ned Morse

Mailing Address Massachusetts Extended Care Federa
2310 Washington Street

City

Newton Lower Falls

State

MA

Zip Code

02462-1449

FEC ID number of contributing
federal political committee.

C

Name of Employer
MA Extended Care Federati-
on

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 8

Transaction ID: C489961

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

2375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeffrey Parrish

Mailing Address 11156 Sardis-Scotts Hill Road

City

Scotts Hill

State

TN

Zip Code

38374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Health Managem-
ent

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: C491614

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Douglas Pendergras

Mailing Address 11608 Scott Simpson Dr

City

El Paso

State

TX

Zip Code

79936-6210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Convalescent Enterprises,
Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 0 8

Transaction ID: C489632

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Shelly Peterson

Mailing Address 1900 N 11th Street

City

Bismarck

State

ND

Zip Code

58501-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Dakota LTC Associat-
ion

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: C491726

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sally Rapp

Mailing Address 3308 Ocean Blvd
Suite 280

City State Zip Code
Corona Del Mar CA 92625

FEC ID number of contributing
federal political committee.

C

Name of Employer
SR Management Svcs. Inc.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: C491611

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Robert Rector

Mailing Address 4037 Overlook Trail Drive

City State Zip Code
Roanoke VA 24018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richfield Retirement Comm-
unity

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: C490792

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Joseph William Sadler

Mailing Address 3049 South Sherwood Forest Bouleva
Suite 250

City State Zip Code
Baton Rouge LA 70816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Magnolia Ancillary Serv-
ices

Occupation
Regional Director of LTC Facilities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: C490797

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jesse Samples

Mailing Address 110 Association Dr

City

Charleston

State

WV

Zip Code

25311-1217

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Virginia Health Care
Association

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 0 8

Transaction ID: C489634

Amount of Each Receipt this Period

1080.00

B.

Full Name (Last, First, Middle Initial)

Annette Simpkins

Mailing Address 1100 N 4th St

City

Longview

State

TX

Zip Code

75601-4739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highland Pines Nursing &
Rehab

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: C495082

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Annette Simpkins

Mailing Address 1100 N 4th St

City

Longview

State

TX

Zip Code

75601-4739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highland Pines Nursing &
Rehab

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: C495083

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1430.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Stallard

Mailing Address 1305 West Causeway Approach
#212City State Zip Code
Mandeville LA 70471FEC ID number of contributing
federal political committee.

C

Name of Employer
Covington SuitesOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Transaction ID: C493621

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Brad Stebbins

Mailing Address 600 E Whaley St

City State Zip Code
Longview TX 75601-6525FEC ID number of contributing
federal political committee.

C

Name of Employer
Stebbins Five CompaniesOccupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	8

Transaction ID: C493254

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

David Sylvester

Mailing Address 411 North Dillard Street

City State Zip Code
Winter Garden FL 34787-2816FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Central ParkOccupation
Senior VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	0	8

Transaction ID: C489633

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Peter Van Runkle

Mailing Address 7460 Tottenham Pl

City

New Albany

State

OH

Zip Code

43054-9443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Health Care Associat-
ion

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	8

Transaction ID: C490989

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Marilyn K. Weber

Mailing Address PO Box 386

City

Wellington

State

OH

Zip Code

44090-0386

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weber Health Care Center,
Inc.

Occupation

Superintendent

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	8

Transaction ID: C489889

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

26405.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BB & T CREDIT CARD

Mailing Address 2200 Wilson Blvd
Ste 200

City Arlington State VA Zip Code 22201-3324

Purpose of Disbursement
CC Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D71810

Date of Disbursement

08 / 31 / 2008

Amount of Each Disbursement this Period

1049.03

B.

Full Name (Last, First, Middle Initial)

BB & T

Mailing Address PO Box 819
Operations Center

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D71808

Date of Disbursement

08 / 31 / 2008

Amount of Each Disbursement this Period

267.57

SUBTOTAL of Disbursements This Page (optional)

1316.60

TOTAL This Period (last page this line number only)

1316.60

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

FREEDOM FUND

Mailing Address 1155 21st Street NW
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contributions to Federal PACs/Committees

Candidate Name
FREEDOM FUND

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D64444

Date of Disbursement

08 / 07 / 2008

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

JOHANNIS FOR SENATE INCORPORATED

Mailing Address 1201 O STREET
SUITE 101

City Lincoln State NE Zip Code 68506

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Mr. Michael O. Johanns

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: NE District:

Transaction ID: D71599

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

COFFMAN FOR CONGRESS INC.

Mailing Address 9249 South Broadway Blvd.
#200-501

City Littleton State CO Zip Code 80129

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Mr. Mike Coffman

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 06

Transaction ID: D64410

Date of Disbursement

08 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A. Full Name (Last, First, Middle Initial)
ADAM SMITH FOR CONGRESS COMMITTEE**

Mailing Address PO Box 23626

City State Zip Code
Federal Way WA 98093Purpose of Disbursement
Voided contributionCandidate Name
Rep. Adam SmithCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 09

Transaction ID: D64436

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

Amount of Each Disbursement this Period

-5000.00

**B. Full Name (Last, First, Middle Initial)
ADRIAN SMITH FOR CONGRESS**

Mailing Address 3321 Avenue I

City State Zip Code
Scottsbluff NE 69361Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Adrian SmithCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NE District: 03

Transaction ID: D64443

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

Amount of Each Disbursement this Period

5000.00

**C. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS**

Mailing Address P.O. Box 45706

City State Zip Code
Philadelphia PA 19149Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Allyson Y. SchwartzCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: D64441

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

STUPAK FOR CONGRESS

Mailing Address 817 Ninth Avenue
P.O. Box 156

City Menominee State MI Zip Code 49858

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Bart Stupak

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 01

Transaction ID: D71600

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

PASCRELL FOR CONGRESS INC.

Mailing Address POB 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Bill Pascrell, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 08

Transaction ID: D64440

Date of Disbursement

08 / 07 / 2008

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

JOE DONNELLY FOR CONGRESS

Mailing Address P.O. Box 1961

City South Bend State IN Zip Code 46634

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Joe Donnelly

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 02

Transaction ID: D64438

Date of Disbursement

08 / 07 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

SESTAK FOR CONGRESS

Mailing Address P.O. Box 16

City
Media

State
PA

Zip Code
19063

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Joe Sestak

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 07

Transaction ID: D64439

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 682185

City
Franklin

State
TN

Zip Code
37068

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Marsha Blackburn

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: D64442

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

KING FOR CONGRESS

Mailing Address 532 First Ave Suite 312

City
Council Bluffs

State
IA

Zip Code
51458

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Steve King

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 05

Transaction ID: D64437

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
MIKE CRAPO FOR US SENATE

Mailing Address PO BOX 1948

City
BOISE

State
ID

Zip Code
83701

Purpose of Disbursement
Voided contribution

Candidate Name
Sen. Mike Crapo

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: ID District: 00

Transaction ID: D64435

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-2500.00

SUBTOTAL of Disbursements This Page (optional)

-2500.00

TOTAL This Period (last page this line number only)

15600.00